

Name
in
Full

Walter Bolden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Kent
near Eauville

Date Month Day

County

MARYLAND

of death 1909 Nov 1 Age 60

Months

Days

Sex Male

Color or
Race

Black

Birth-
place Virginia

Occupation

Laborer

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Julia Bee

Father's
Name

not Known

Father's
Birthplace

Mother's
Maiden Name

Not Known

Mother's
Birthplace

Name of person giving
Information

Florence Right-

How related
to deceased

Saughter

CAUSES OF DEATH

Primary

Dropsy
Exhaustion

177

How long

3 months

Immediate

One day

Are the name, age, sex, color, date
and place correctly given above?

Yes

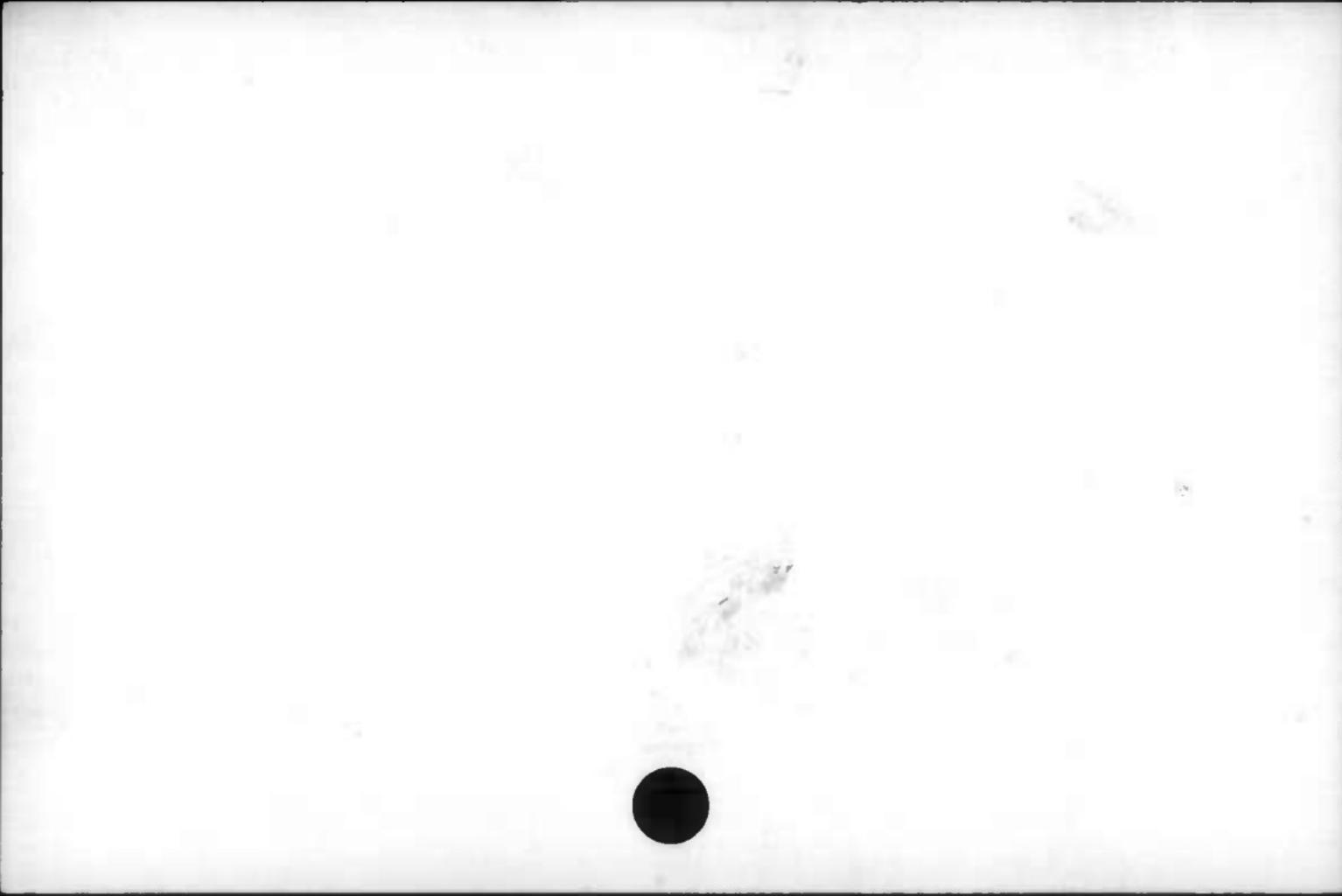
Signature of
Physician

Address

Walter Kelly Jr.
Rock Hall Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

John Cummins Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Edgewater		Town Kent		County	
Date of death	Month Nov.	Day 3	Age 62	Years	Months 7
Sex Male	Color or Race White			Birth- place Kent Co., Md.	Days 19
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or <u>Husband</u>		Agnes Griffith		
Father's Name William A. Price			Father's Birthplace Kent Co., Md.		
Mother's Maiden Name Mary A. Virginia			Mother's Birthplace Maryland		
Name of person giving Information Agnes Price			How related to deceased Wife		

CAUSES OF DEATH

159

Primary

Gun shot

How long

Immediate

obstructing of brain & hemorrhage

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

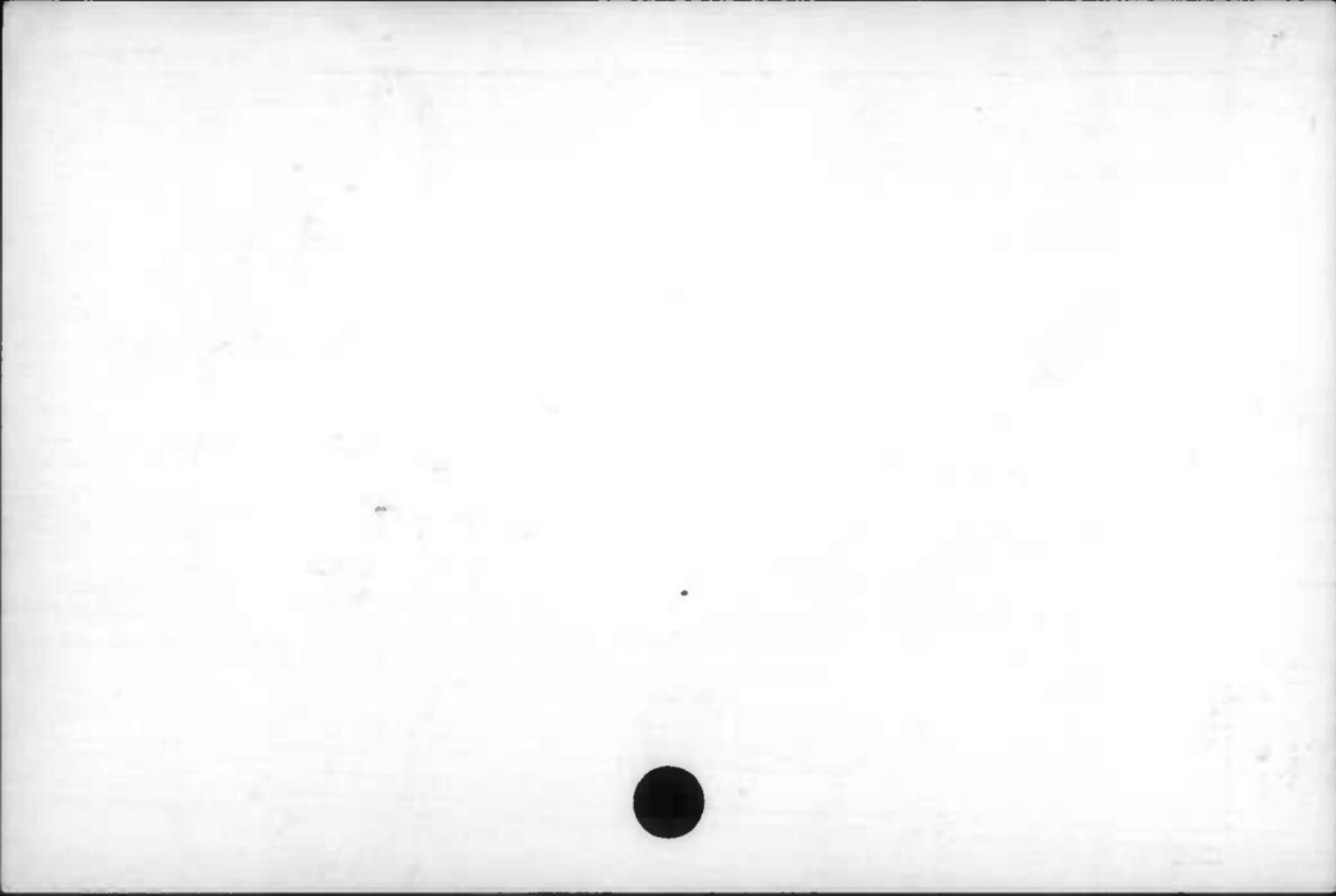
Address

Edward A. Scott,
Edgewater, Maryland.

PHYSICIAN
OR CORONER

Accident or Suicide

Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Bayer Jones Darmuchel

Kent.

Date
of death

Month

Day

Years

1900

11

5th

42

Age

Sex

Color or
Race

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

Unknown
Fay Leamichael

Chickens
Brook
Mother

CAUSES OF DEATH

Primary

Phtisis Pulmonalis

Immediate

Phtisis Pulmonalis

Are the name, age, sex, color,
and place correctly given above?

Yes

Signature of
Physician

A. J. George Simmons
Chestertown
Md.

Address

Accident or Suicide

27

How long

They say six months

How long

six months

From open

Lodark Dodd

Frater neck

Name
in
Full

Lizzie Corse

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

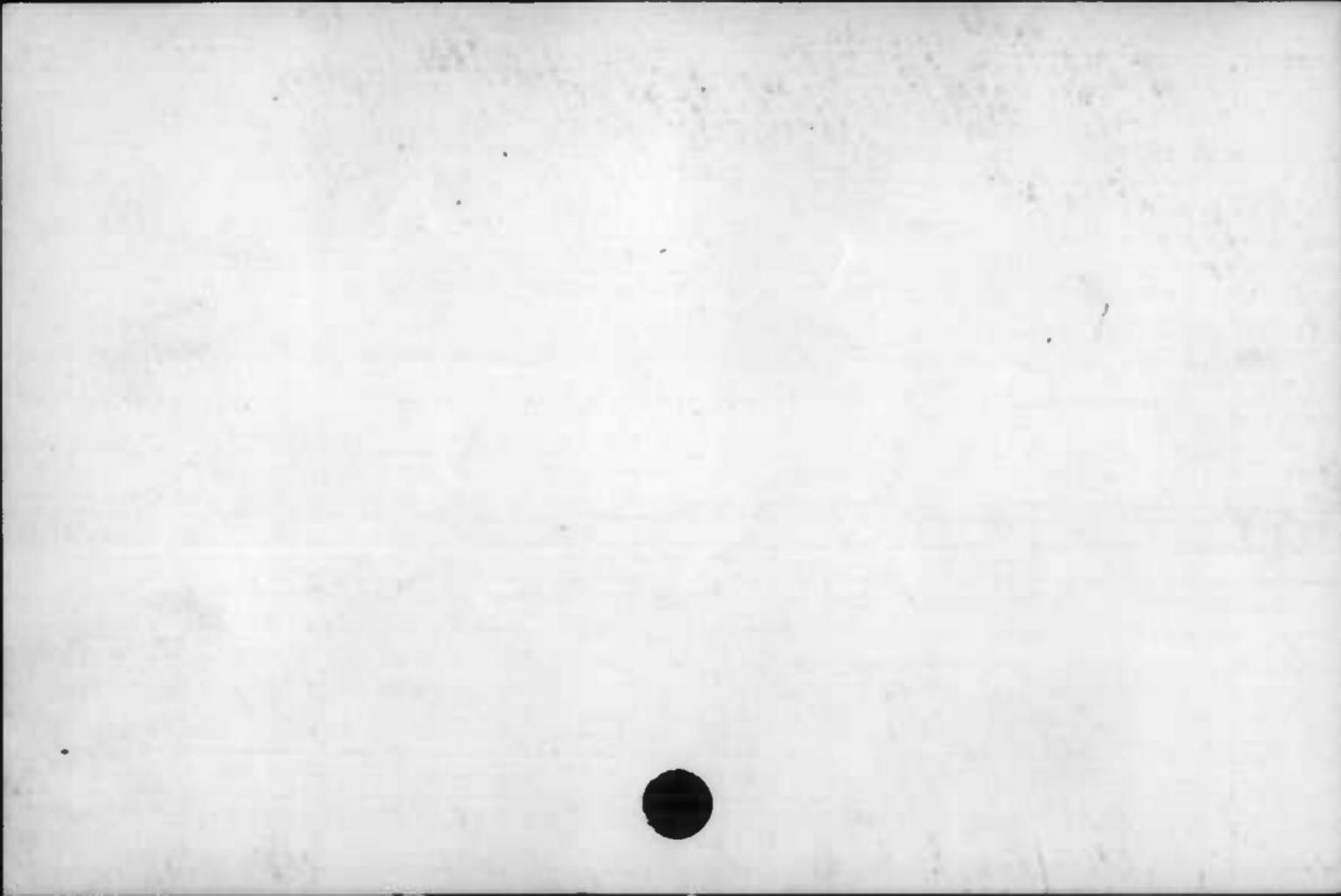
Died at	Town	County	MARYLAND
Date of death 1909	Month November	Day 22	Years 17
Sex Female	Color or Race color	Birth-place Morgins cri	
Occupation None	Where Residing if not at place of death		
Married, Single or Widowed Single	Name of Wife or Husband Lissy corre	Father's Birthplace queenane	
Father's Name Jhn corre	Mother's Birthplace queenane		
Mother's Maiden Name Mollie Starkie	How related to deceased Mollie		
Name of person giving information Mollie Starkie			

CAUSES OF DEATH

94

PHYSICIAN
OR CORONER

Primary Chronic Pleuritis	How long Month
Immediate Exhaustion	How long every since fit
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Address Joe W. Corse
Accident or Suicide?	Kennedyville Md.



Name
in
Full

Arnold Monroe Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Worthington</u>		Town	County <u>Realt</u>	MARYLAND	
Date of death <u>1909</u>	Month <u>Nov</u>	Day <u>22</u>	Age	Months <u>1</u>	Days
Sex <u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Mad</u>	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Leonard Green</u>				
Mother's Maiden Name	<u>Emma Thompson</u>				
Name of person giving Information	<u>John E. Green</u>				

CAUSES OF DEATH

Primary

Acute eczema

2 weeks

Immediate

Convulsions

one day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

JTG Thompson
Chesapeake
Chesapeake Land

Accident or Suicide

No

145

How long

2 weeks

How long

one day

one day

one day

one day

Hicks

Still Pond

Name
in
Full

Marie Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hanesville

Town Kent

MARYLAND

Date of death 1909 Nov 21

Month Day

Years

Months

Days

Age

3

0

Sex Female

Color or
Race

White

Occupation

Infant

Where Residing if not
at place of death

Married, Single
or Widowed

Infant

Name of Wife or
Husband

Father's
Name

Joshua Davis

Father's
Birthplace

Kent Co

Mother's
Maiden Name

Susie Holdson

Mother's
Birthplace

Kent Co,
Loonfath

Name of person giving
Information

Robt Holdson

How related
to deceased

Primary

Marasmus

199

Immediate

"

How long

all life

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

H.B. Bryng Simmons
Chester Town, Md.

PHYSICIAN
OR CORONER

Accident or Suicide

Chas L. Dodd
St James Cemetery
Kent Co Md

July 20th -

The body laid

at Hagerstown

Then removed to
Cecil Co.

From the cemetery
of about 2 o'clock
by night -

about Chapt Cemetery
of about 2 o'clock
and the

Name
in
Full

Infant Denry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Bladensburg R. & B.	County	Newk	MARYLAND
Date of death	Month	Nov	Day	7	Years —
Sex	Male	Color or Race	Col	Birth-place	6 bars Ind
Occupation	Where Reiding if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Geo Denry				
Mother's Maiden Name	Sueie Hodder				
Name of person giving information	Father				

CAUSES OF DEATH

Primary

Premature

151

How long

6

hrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. E. Simpkins
Ches. Burton

PHYSICIAN
OR CORONER

Accident or Suicide

No



Name
in
Full

Flora Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Isaac Fletcher	Father's Birthplace	MD
Mother's Maiden Name	Edwin Tysonson	Mother's Birthplace	MD
Name of person giving Information	Father	How related to deceased	✓

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pyphoid fever

①

✓

2 weeks

Immediate

Toxaemia

How long

several days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. J. Simpson

Ellicottown



Accident or Suicid

No

Chas L Dodd

Quaker Neck

Name
in
Full

John Handley

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Town
Rock Hall

County
Kent

MARYLAND

Date
of death

1909 Nov.

Month

Day
16

Years

Age
62

Months
2

Days
14

Sex

Male

Color or
Race

White

Birth-
place

Baltimore City

Occupation

Labor

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed -

Single

Name of Wife or
Husband

Single

Father's
Name

"Unknown"

Father's
Birthplace

"Unknown"

Mother's
Maiden Name

"Unknown"

Mother's
Birthplace

"Unknown"

Name of person giving
Information

John Dempster

How related
to deceased

Not aay

CAUSES OF DEATH

79

Primary

Heart disease

How long

2 hours

Immediate

Exhaustion

How long

One hour

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

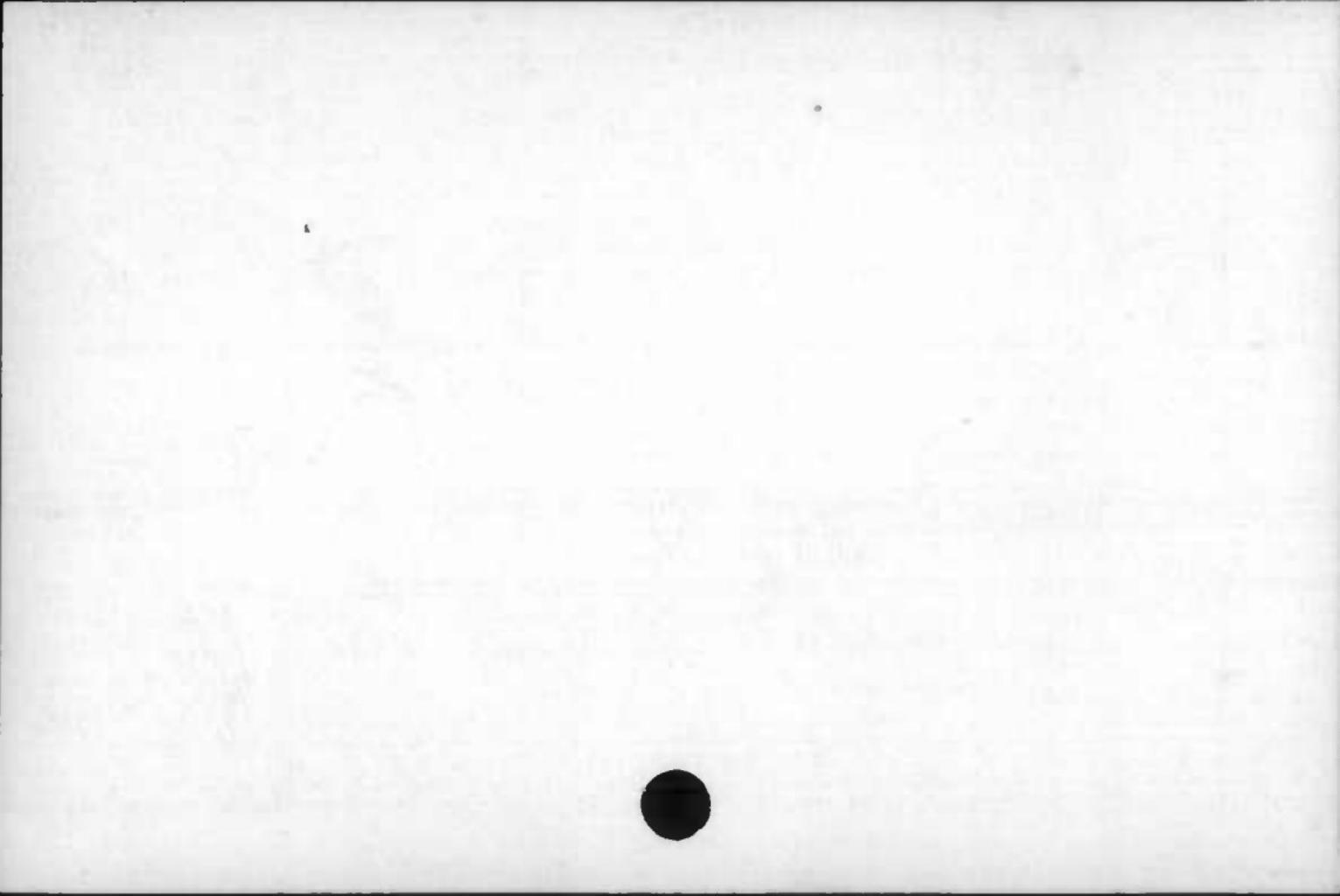
Signature of
Physician

Walter O'Selby.

Address

Rock Hall, Md.

Accident or Suicide?



Name
in
Full

Olive Gertrude Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County			
	Rock Hall		Kent -		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	Nov	20	2	10	4	
Sex	Female	Color or Race	White	Birth-place	Kent Co - Md	
Occupation	None		Where Residing if not at place of death	at Sleepy Scott -		
Married, Single or Widowed	Singel	Name of Wife or Husband	Widow.			
Father's Name	Samuel J. Harrison			Father's Birthplace	Kent Co - Md	
Mother's Maiden Name	Bertha A. Collyer			Mother's Birthplace	Kent Co - Md	
Name of person giving information	Samuel J. Harrison			How related to deceased	Father	

CAUSES OF DEATH

⑨

PHYSICIAN
OR CORONER

Primary	Membranous Croup		How long	24 hours
Immediate	Exhaustion		How long	One hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Walter Dally M.D.	
		Address	Rock Hall, Md.	
Accident or Suicide?				



Name
in
Full

Elizabeth W. Hesserer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at Kennedyville	Kent					
Date of death 1909 Nov	Month	Day	Years	Months	Days	
Age 22				-	-	
Sex female	Color or Race	white	Birth-place	Kent Co Md		
Occupation Nurse	Where Residing if not at place of death			- - -		
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name Charles Hesserer				Father's Birthplace	Germany	
Mother's Maiden Name Augusta Hamilton				Mother's Birthplace	U. S.	
Name of person giving Information Catherine Hesserer				How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

27

How long

2 years

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Jas. W. Whiteman
Kennedyville
Md

Accident or Suicide

Galeua

Name
in
Full

Henry Hicks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Washington

D.C.

MARYLAND

Month

Days

Month

Day

Years

Date
of death

190

9

11

19

Age

96

2200

Sex

Color or
Race

Birth-
place

Occupation

Where Residing if not
at place of death

Painter

Kona Wilson

Married Single
or Widowed

Name of Wife or
Husband

Father's
Name

John Charles

Father's
Birthplace

Massachusetts

Mother's
Maiden Name

Emily Lester

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

11

CAUSES OF DEATH

Primary

Plasterer

How long

✓

5 minutes

Immediate

Plasterer

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

In County 48
In State 100
In Country 48
In State 100

PHYSICIAN
OR CORONER

this Woman Died without
Any Physician in at her death
Died very sudden
Evidence from Her Husband
Daker Hicks

Name
in
Full

Norris Lewis Hoffman
Town Kent
County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Near Hooton Month 6 Day Years Month Days

Date of death 1909 Nov 6 Age —

Sex Male Color or Race White

Occupation Infant Where Residing if not at place of death Near Hooton

Married, Single or Widowed

Name of Wife or Husband

Father's Name

John Lewis Hoffman

Father's Birthplace

Baltimore

Mother's Maiden Name

Emma Peusch

Mother's Birthplace

Baltimore

Name of person giving Information

John Lewis Hoffman

How related to deceased

Father

151

How long

Born at 6 mo gestation

How long

Primary

Premature birth

CAUSES OF DEATH

Immediate

Premature Birth

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. Benye Simmons
Chester, town
Md.

PHYSICIAN
OR CORONER

Accident or Suicide

No -

Chas Dodd

Chestnut Cemetery

Name
in
Full

Elmina Evalina Jones
Kurt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chestertown

County

MARYLAND

Town

Date
of death 1909 Nov. 29

Day

Year

Months

Days

Age 79

Month

Sex Female

Color or
Race

White

Birth-
place

Occupation

Hauskeeper

Md.
Died at home.

Married, Single

Name of Wife or
Husband

Father's
Name

John Jones

Father's
Birthplace

Mother's
Maidan Name

Mary Ford

Mother's
Birthplace

Name of person giving
Information

Geo. D. Jones

How related
to deceased

27

How long

Primary

CAUSES OF DEATH

Pulmonary Tuberculosis

Immediate

Asthenia, heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Harry L. Dodd, Jr.
Chestertown, Md.

PHYSICIAN
OR CORONER

Accident or Suicide

Chas Dodd
Leicester Cemetery

Name
in
Full

Mary Jane Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Rock Hall

Town Kent.

Date of death 1909

Month Nov.

Day 29.

Years 59

Months 8

Days —

Sex Female

Color or Race

white

Birth-place

Kent Co Md.

Occupation Housewife

Where Residing if not
et place of death

Married, Single
or Widowed

Name of Wife or Husband

Phillip H. Moore

Father's Name

John A. Foreman

Father's Birthplace

Kent Co Md.

Mother's Maiden Name

Virginia Cooper

Mother's Birthplace

Kent Co Md.

Name of person giving
Information

John Moore

How related
to deceased

Son /

CAUSES OF DEATH

Primary

Cerebral Apoplexy

64

How long

4 days

Immediate

Exhaustion

How long

*

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Frank W Smith
Cheeketown
Md

220

PHYSICIAN
OR CORONER

Accident or Suicide

Name
in
Full

Mary E Reiley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Galena	County Kent.	MARYLAND	
Date of death 1909	Month Nov.	Day 22	Years 40 yrs.	Month Day
Sex Female	Color or Race Colored	Where Residing if not at place of death Perry J Reiley	Birth- place Quarantine Co.	
Occupation House work.				
Married, Single or Widowed Married	Name of Wife or Husband Perry J Reiley	Father's Name Unknown	Father's Birthplace Unknown	
Mother's Maiden Name Henrietta Goldsbrough		Mother's Birthplace Quarantine Co		
Name of person giving Information Perry J Reiley -		How related to deceased Husband		

PHYSICIAN
OR CORONER

CAUSES OF DEATH
Primary
Tuberculosis
Natural Causes
Apparent cause

27
How long
1 week.
How long

Immediate

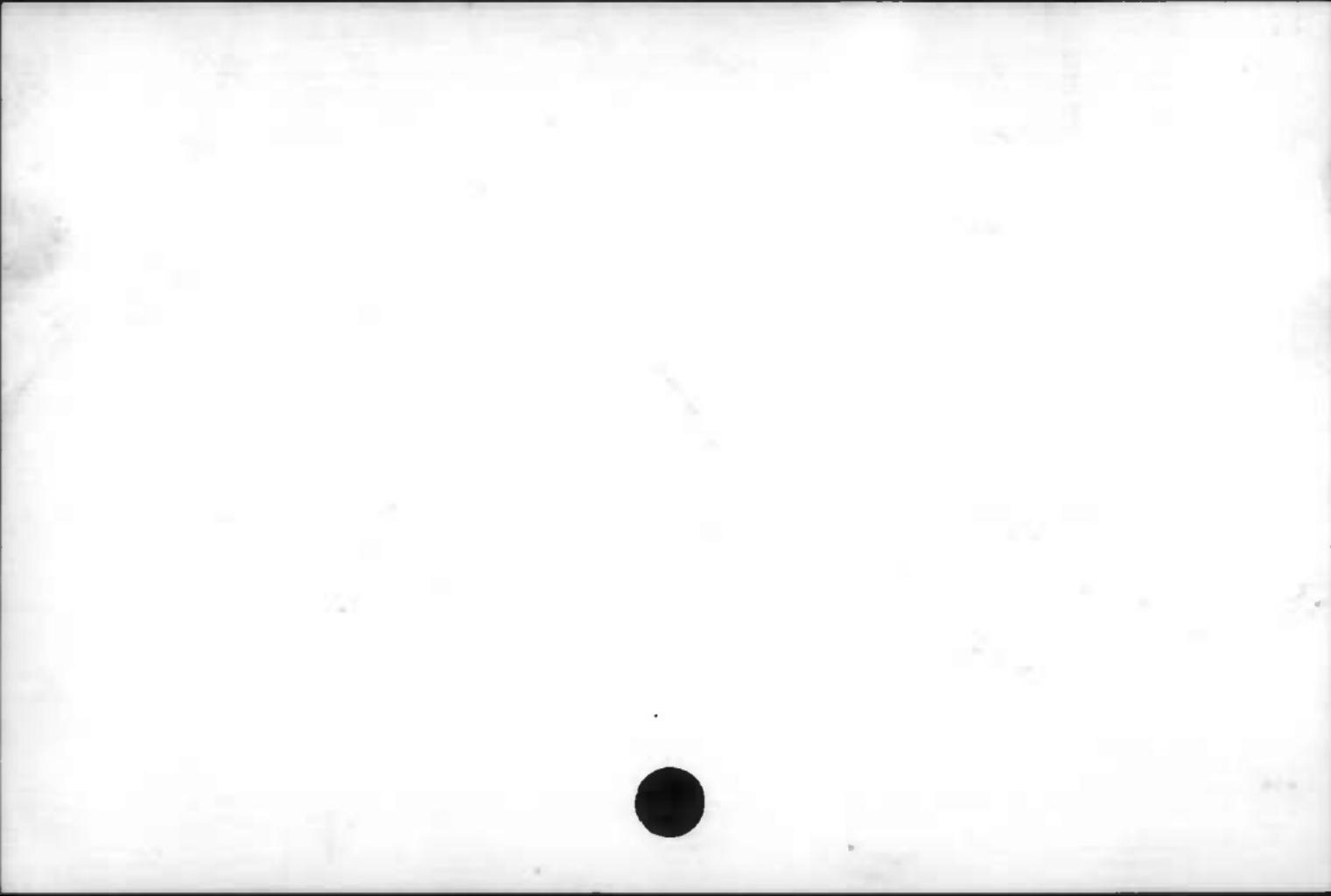
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Gov. R. Jones M. D.
Acting County Physician,
Galena Md.

Accident or Suicide



Name
in
Full

Clarence Shaw.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Massey</i>	County <i>Kent</i>	MARYLAND	
Date of death	Month <i>Nov</i>	Day <i>15</i>	Years	Months <i>19</i>
Sex	Color or Race <i>Male</i>	White	Birth-place <i>Kent Co., Md.</i>	Days
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	<i>David James. Shaw</i>			
Mother's Maiden Name	<i>Fannie L. Beese</i>			
Name of person giving Information	Father			
Father's Birthplace <i>Delaware</i>				
Mother's Birthplace <i>Delaware</i>				
How related to deceased				

CAUSES OF DEATH

114

How long

12 days

How long

PHYSICIAN
OR CORONER

Primary

Catarrhal Jaundice

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

N W Peter M.D.
Wilmington.
Maryland.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Arthur Stewart
Town
Mar Chertown, Kent

CERTIFICATE OF DEATH

MARYLAND

Died at _____
Date of death 1909 Nov 2 Month Day
Age _____ Months 5 Days -

Sex Male
Occupation _____

Color or Race

Negro

Birth-place

Md.

Where Residing if not
at place of death _____

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Henry Stewart

Father's Birthplace

Md.

Mother's Maiden Name

Cara Collins

Mother's Birthplace

Md.

Name of person giving
Information

Henry Stewart

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Pneumonia heart failure

93

How long

10 days.

one day.

Immediate

Pulmonary edema

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Henry L. Dodge -
Chestertown, Md.

Residence of Deceased

Chas L Dodd

Quaker Neck

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Viola Thompson

Tow

County

Beth

Died at Faribee

Month

Day

Years

MARYLAND

Date
of death 190

99 Nov.

10

Age

2

Months

Days

Sex

Female

Color or
Race

African

Birth-
place

3rd

Occupation

none

Where Reiding if not
at place of death

Married, Single
or Widowed

S.

Name of Wife or
Husband

Father's
Name

Edward Thompson

Father's
Birthplace

Kent Co MD

Mother's
Maiden Name

Ada Cottong

Mother's
Birthplace

Key Cedard

Name of person giving
Information

Edward Thompson

How related
to deceased

father.

CAUSES OF DEATH

Primary

Hydrocephalus

130

How long

3 years.

Immediate

Convulsions

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. Joseph H. Thompson
1300 Rockville Rd
Bethesda, MD

Accident or Suicide

Chas Dodd
Fairlee

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Henrietta Waller

County
Kent

CERTIFICATE OF DEATH

MARYLAND

Died at ~~near~~ Chestertown

Town

County

Date of death 1909 Month Day

Years

Months

Days

Nov

4

Age

64

Years

Birth-
place

Md

Sex

Female

Color or
Race

Black

Occupation

Domestic at my house

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Birthplace

Md

Father's
Name

Mr Waller

Mother's
Birthplace

Md

Mother's
Maiden Name

Unknown

How related
to deceased

Mrs

Name of person giving
Information

Mr

Waller

45

How long

How long

CAUSES OF DEATH

Primary

Cancer of left leg between knee + foot

Immediate

Hemorrhage

Signature of
Physician

Address

Chas Whaland Jr.
Chestertown Md.

Accident or Suicide

Spencer

Name
in
Full

Benjaminine Marwick

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	58	1	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Susie Marwick.			
Father's Name	Benjaminine Marwick.				
Mother's Maiden Name	Sarah Jane Wilmer				
Name of person giving Information	Susie Marwick.				

CAUSES OF DEATH

120

Primary	Chronic Nephritis	How long
Immediate	Cancer of the lungs	How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

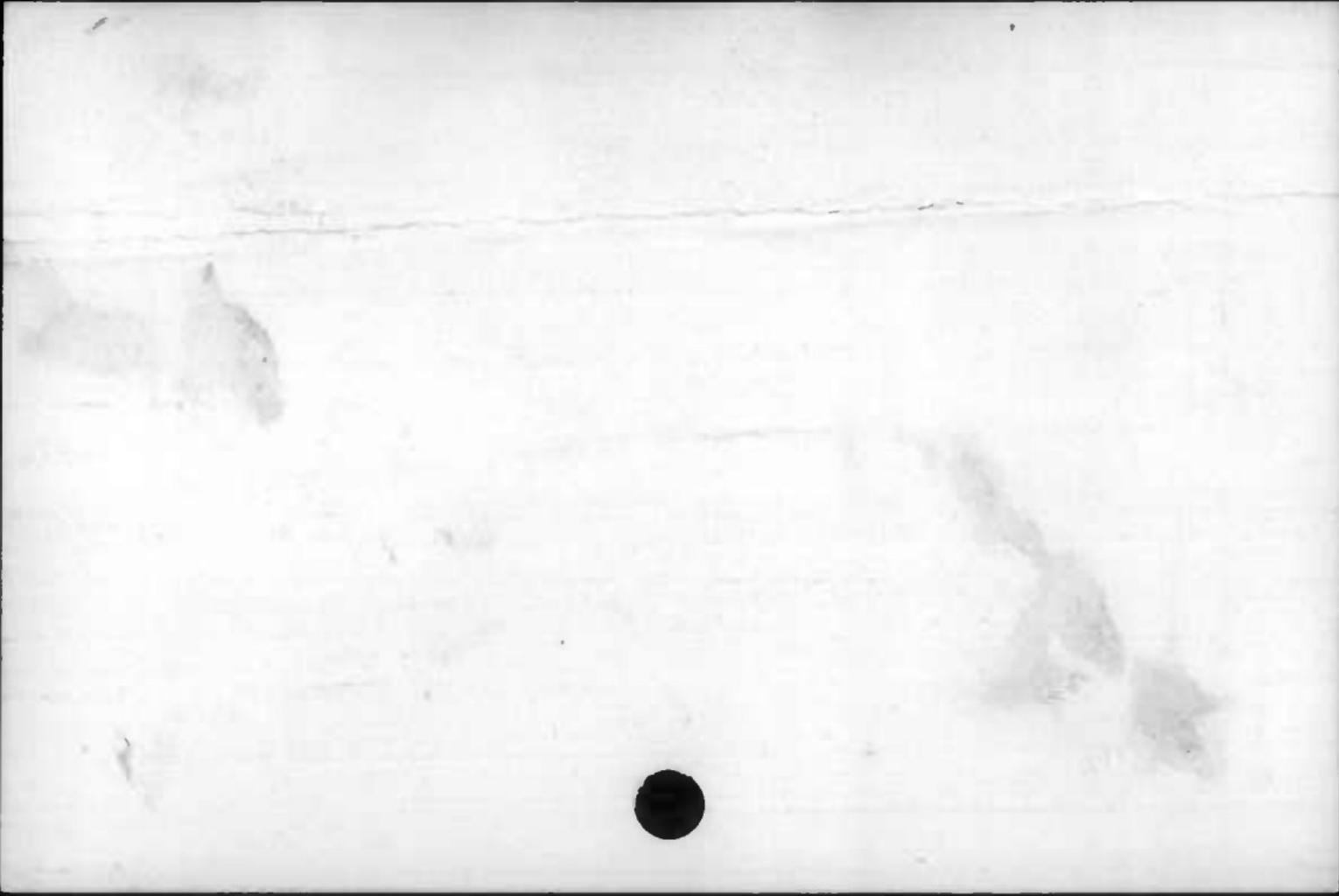
Geo. R. Jones M.D.

Address

Galena
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Martha Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Tow. Multilala

County Kew

Date of death

1909 Nov.

Month

Day

Years

Months

Deys

11

Age

75

Sex

Female

Color or
Race

African

Birth-
place

Wash.

Occupation

Housework.

Where Residing if not
at place of death

Married, Single
or Widowed

M.

Name of Wife or
Husband

George Washington

Father's
Name

unknown

Father's
Birthplace

unknown

Mother's
Maiden Name

unknown

Mother's
Birthplace

unknown

Name of person giving
Information

Gen. Washington

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Chronic Nephritis

120

✓

How long

1 year

Immediate

exhaustion

How long

1

Are the name, age, sex, color, date
and place correctly given above?

Yes,

Signature of
Physician

Address

Franklin Smith
Chesapeake & S.
Md.

PHYSICIAN
OR CORONER

Accident or Suicide

TM

Wefutota

Hicks F.D.